

and a dextrin-maltose combination, a quantity sufficient to meet the needs of a child of like age without gastrointestinal disturbance. In breast-fed babies he allows suckling after the stomach washings. His results in this group of cases is not nearly so satisfactory as in the artificially fed, but he has never felt that it was wise to discontinue breast nursing for this reason. Results appear early and often within two or three days the vomiting ceases entirely, or there is only slight regurgitation. This is followed by a rise in the weight curve. The stomach washings are intermitted and if no relapse occurs, they are finally discontinued and the atropine dosage gradually diminished until it finally reaches zero.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Albuminuria in Pregnancy.—BOURNE (*Brit. Med. Jour.*, April 1, 1922, p. 520) believes that further knowledge concerning albuminuria in pregnancy must be gained by chemical study. Under this title is commonly described a group of symptoms of which the most important is the presence of albumin in the urine; next in importance increased blood-pressure. As far as types were concerned the first and most common is subacute nephritis. The second in frequency is the cerebral type, where convulsions occur in labor, often without premonitory symptoms except the presence of albumin in the urine. The third type which he describes is the gastric type, characterized by uncontrolled vomiting, occasionally seen in early pregnancy. This he considers as really of hepatic origin. The fourth class is the hepatic condition which he finds rare; and the fifth, the so-called uterine type with necrosis of the uterine wall and serious hemorrhage. In 4000 cases of pregnancy and labor, 30 per cent had some degree of albuminuria. Unless high blood-pressure, vomiting or other symptoms develop, albuminuria alone is not important. Convulsions indicate serious danger, and 46 per cent of patients, having albuminuria have convulsions. When these patients do badly, it is in one of three ways; by convulsions or by the complete suppression of urine, due to necrosis of the cortex of the kidney, or by the development of jaundice. The number of convulsions had no direct relation to the mortality. Where patients were suffering from toxic albuminuria, it was especially serious if fresh symptoms appeared during medical treatment, or if the symptoms already present suddenly became intense.

HOLLAND, studying the after-condition of patients who had eclampsia and albuminuria, found that a considerable percentage of them showed signs of chronic kidney damage afterward. He believed that labor should be induced in all such cases.

WALLIS, studying the blood and urine, found that after the fourth

month the blood-urea and blood-sugar were less than in the normal non-pregnant woman. The quantity of diastase was increased. In the toxemia of pregnancy blood changes were slight: Cholesterol was increased, especially in cases of eclampsia; in the urine a high diastase percentage preceded albuminuria. He would distinguish between the toxemia of pregnancy and a true nephritis in pregnancy by the estimation of urea in the blood and diastase in the urine. WILLCOX considered the corpus luteum an important factor in producing toxins. He believed that the toxins produced in pregnancy damaged the organs of excretion in each succeeding pregnancy.

The same discussion before the Harveian Society is reported by the *Lancet*, April 1, 1922, p. 651. In reporting Bourne's paper it is stated that in 18,000 cases of labor at Queen Charlotte's Hospital, but 3 cases of the hepatic form of toxemia have been observed. Eclampsia can occur with comparatively low blood-pressure, as cases are reported where the blood-pressure was below 160 mm. The mortality curve of all toxemic patients was 5 per cent; where the blood-pressure was 150 mm. or below the mortality was 9 per cent; where it was 190 or above, the mortality was 27 per cent. Holland is quoted as stating that at least 12 per cent of eclamptic patients suffered permanent damage to the kidneys.

Pneumonia in the Newborn.—(*Brit. Med. Jour.*, March 25, 1922, p. 469), BROWNE publishes a paper upon pneumonia in the newborn. In 80 cases of infantile death in the Royal Maternity Hospital, Edinburgh, there were 21 or 26.25 per cent in which the cause of death was found to be pneumonia; 11 were in premature and 9 in full-time infants, the ages varying from eight hours to five weeks. The fact that so many of these cases were premature, shows that the premature infant is especially liable to infection. It is estimated that the premature infant is fourteen times as liable to die from pneumonia as is the infant born at full time. It is also of interest to know that 5 of these infants were syphilitic, another probably so, while 1 had fracture of the supraorbital plates with extradural hemorrhage overlying them. One of the syphilitic cases had an extradural hemorrhage in the spinal cord. Among the premature infants were many with areas in the lungs, where the lungs had not expanded; in some involving part of one lung and a large part of the other. It seems probable that this condition predisposes to pneumonia. There were 2 very instructive cases of premature rupture of the membranes, followed by pneumonia in the infant. In 1 the pneumococcus was present, in the other the *Bacillus coli communis*. One of the mothers was delivered by forceps, and the other had induced labor. Both mothers made uninterrupted recoveries, and evidently the children died from infection, developing before or during birth. Of the pathology of the condition, there were 11 cases of the ordinary catarrhal pneumonia, 1 with pleural effusion, 2 with empyema.

There were 2 cases of interstitial pneumonia with catarrhal pneumonia added. In 1 case of catarrhal pneumonia there was hemorrhage into the bronchial tubes and into the lungs. In 5 cases there was acute congestion and edema of the lungs with hemorrhage into the lung substance. In 1 case there was both interstitial and catarrhal pneu-